

Dear person in charge of personnel affairs and salary:

We appreciate your spending time to provide the information below for **getting certification to make childcare fees free**. Fill in each item correctly without omission. If you make corrections, stamp on them the seal of the employee or that of the representative of your company.

Please beware that the certificate would be invalid if you made corrections with correction fluid. We might contact and ask the person in charge of personnel affairs and salary for reference.

If you have any question on the form, please contact the Nursery School section of Kitanakagusuku

※DO NOT provide false information.

Filled in by guardian	Name of child
	_____
an	Date of birth
	____/____/____

就労証明書(保育所入所申込、施設等利用給付認定用)

# Employment Certificate

( For getting certification to make childcare fees free )

To: Mayor Of Kitanakagusuku village

Company Location: \_\_\_\_\_

This is to certify that the following information is true.

Company Name: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Seal/Signature

Date of certification in	____/____/____
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TEL: \_\_\_\_\_

Person in charge of personnel affairs: \_\_\_\_\_ Seal/Signature

※The certificate would be invalid if lacked the date of certification.

※NOT valid without company seal or seal of representative.

Name of employee	_____		Address of employee	_____	
Type of employment	Reguler / Temporary / Outsourced worker / Part time / Home employed / others( )				
Date of Employment	____/____/____ (dd/mm/yy)	If the employment contract delineates the period of employment	the employment contract is , or scheduled, to be renewed by ____year ____month ____day.		
Working hours (24hours)	Regular working hours		Variable Working hours System		
	Weekdays:	: to : ( hours)	:	to	: ( hours)
	Saturday:	: to : ( hours)	:	to	: ( hours)
	Sunday:	: to : ( hours)	a month / a week ( hours)		
Working Days	____days/week(____hours/week)/____days/month		No.of holidays:( )regular/irregular		
Commuting time	Rount-trip about ( )hours	access to work	car / bus / walk / others( )		
Basic payment	_____(Yen / dollars) a month / _____(Yen / dollars) a day / _____(Yen / dollars) an hour				
Latest 3 months Patments <small>※If there is no payments because he/she is taking child-care leave or right after starting work please fill "Oyen".</small>	____(year) ____month	working days ( ) days	payment _____(Yen / dollars)		
	____(year) ____month	working days ( ) days	payment _____(Yen / dollars)		
	____(year) ____month	working days ( ) days	payment _____(Yen / dollars)		
Job description	_____				
Current condition or schedule of maternity or child-care leave	Marternity leave	From	____/____/____	to	____/____/____ (dd/mm/yy)
	Child-care leave (including planning)	From	____/____/____	to	____/____/____ (dd/mm/yy)
		check the appropriate box if your employee concerned <input type="checkbox"/> The employee can return to work in 2 weeks when his/her child is accepted by a <b>nursery</b> .			
	leave other than above	From	____/____/____	to	____/____/____ (dd/mm/yy)
The day of coming back to work		____/____/____			
Company Location	※Fill in the address below if the place of work is different from the address above "Company Location".				
	The employee has been (or is planning to be) a business bachelor for 6 months or over since ____year ____month ____day				